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Bib Data Sheet

CONFIRMATION NO. 4824

SERIAL NUMBER 09/919,922	FILING DATE 08/02/2001 RULE	CLASS 70203	GROUP ART UNIT 2857 2128	ATTORNEY DOCKET NO. 66377-004-4
APPLICANTS Christine M. Kennefick, Reston, VA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/164,363 10/01/1998 WHICH IS A CIP OF 08/805,466 02/25/1997 PAT 5,826,213 * <i>True AD</i> (*) Data inconsistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/14/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY VA	SHEETS DRAWING 2	TOTAL CLAIMS 8
INDEPENDENT CLAIMS 1				
ADDRESS 25269				
TITLE Microstructure containing entities rotating under an applied load to enhance toughening against fracture				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 4824

SERIAL NUMBER 09/919,922	FILING DATE 08/02/2001 RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 66377-004-4
APPLICANTS Christine M. Kennefick, Reston, VA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/164,363 10/01/1998 WHICH IS A CIP OF 08/805,466 02/25/1997 PAT 5,826,213 * (*) Data inconsistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 08/14/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY VA	SHEETS DRAWING 2	TOTAL CLAIMS 8
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